AMEND	DED		egistration District No.	IAR 7 1962	Primary Registratio	n District No/_O_C	2.Z. Registrar's No.			
		7,1	. PLACE OF DEATH		<del>,-</del>		2. USUAL RESIDER			
라	11		. COUNTY Jac	kson			a. STATE M1	ssour <b>i</b> cou	NTY Jacks	son admissi
로			OP · ·	orporate limits, give TO	WNSHIP only)	Length of stay in 1b	c. CITY			Inside L
8		i	TÖŴNÑ ansa	s City		30 Yrs	TOWN Kai	sas Cit	У	Yes 🌠
בו וב			HOSPITAL OR	NOT in hospital, give		Inside Limits	d. STREET ADDRESS	(If or	utside, give locatio	on) Reside o
DATE AMENDED		I _	INSTITUTIONS	Mary's H	ospital	Yes <b>W</b> No □	1	1430 Oa	kley	Yes 🗆
	<b>†</b> †	-;	3. NAME OF DECEASE	) First		Middle	Last	4. DATE	Month	Day Y
,	]   [		(Type or print)	CHARL	ES	CF	ABTREE	DEATH Fe	bruary	13 1962
			S. SEX	6. COLOR OR RACE	<del></del> -		8. DATE OF BIRTH		rthday)   IF UNDER	T YEAR IF UNDE
			Male	White	Widowed	Divorced 🗆	11/28/9	64	Months	Days Hours
			a. USUAL OCCUPATION			BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	City and state or co	ountry) 12. CITI	ZEN OF WHAT CO
1		Вο	oster Stat	ilon "Opera	tor Kaw	Valley R R	Buchana	an Co Mo	USA	L.
	1   1		a. FATHER'S NAME	•		NOTHER'S MAIDEN NAM			ME OF HUSBAND	OR WIFE
		C:	harles Cra	ibtree		nnie Brint		Est	her Crab	otree.
		1:	S. WAS DECEASED EVE	R IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		Address	•
		()	(es, no, or unknown) (I	r yes, give war or dates	or service		Esther Co	rabtree	1430 Oak	
			18. CAUSE OF DEATH	H (Enter only one cause . DEATH WAS CAUSED	per line f					INTERVAL BE
<u>.</u>	NE N						"		- /	.
5				IMMEDIATE CAUS	E (a)	aenom	1 1 0 1 1	ull	(Allen)	1   / 2/
<b>、</b>	1 131			IMMEDIATE CAUS	E (a)	sinomi	eofs	ight .	colon	1/2/
3	DOCUMEN		Conditi	IMMEDIATE CAUS		sinone	eagr	ight.	colon	1 / 2/
252	DOCÜ		which s	ons, if any, DUE T		sinom	eagr	ight.	colm	1 / 2/
	DOCÜ		which s above stating	ons, if any, DUE T gave rise to cause (a), the under-	О (b)	ainomi	eagr	ight.	color	14
	DOCO	N	which s above stating	ons, if any, pave rise to cause (a), the under-cause last. DUE 1	TO (c)	ONTRIBUTING TO DEAT	H but not related to		PART III. If dec	
	DOCU	ATION	which s above stating lying	ons, if any, pave rise to cause (a), the under-cause last.	TO (c)	ONTRIBUTING TO DEAT	H but not related to		PART III. If dec	pregnancy in last
	nood	CAT	which s above stating lying	ons, if any, pave rise to cause (a), the under-cause last. DUE 1. OTHER SIGNIFICAN disease condition given	TO (c) T CONDITIONS CO		·	the terminal	PART III. If dec there a	pregnancy in last
	DOCI	CAT	which a shove a stating lying of PART in the state of the	ons, if any, pave rise to cause (a), the under-cause last. DUE 1. OTHER SIGNIFICAN disease condition given	TO (c)		H but not related to	the terminal	PART III. If dec there a	pregnancy in last
	nood	IL CERTIFICATION	which sabove stating lying PART I	ons, if any, pave rise to cause (a), the under-cause last. DUE 1  OTHER SIGNIFICAN disease condition gives the condition of the cause last.	TO (b) TO (c) TO CONDITIONS COVER IN PART I (a)		·	the terminal	PART III. If dec there a	pregnancy in last
	pocü	CAL CERTIFICAT	which a shove a stating lying of PART in the state of the	ons, if any, pave rise to cause (a), the under-cause last. DUE 1. OTHER SIGNIFICAN disease condition gives the under-cause last.	TO (b) TO (c) TO CONDITIONS COVER IN PART I (a)		·	the terminal	PART III. If dec there a	pregnancy in last
	poci	CAT	PART I  19. WAS AUTOPSY PERFORMED? YES NO	ons, if any, pave rise to cause (a), the under-cause last. DUE 1. OTHER SIGNIFICAN disease condition gives the control of the	TO (c)TO (c)T CONDITIONS COVER IN PART I (a)	20b. DESCRIBE HO	W INJURY OCCURRED	o the terminal  O. (Enter nature of i	PART III. If december a large	pegnancy in last
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		T MEDICAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORL NOT WHILE AT Death occurred to the property of the peath occurred to the peat	ons, if any, pave rise to cause (a), the under-cause last. DUE 1. OTHER SIGNIFICAN disease condition gives a condition g	TO (b)  TO (c)  T CONDITIONS CORE IN PART I (a)  ICIDE HOMICIDE  ACE OF INJURY (e.m., factory, street, compared to the core in	g., in or about home, office bldg., etc.)	W INJURY OCCURRED	the terminal  (Enter nature of the terminal of	PART III. If dee there a Part III. If dee there a Part I or Deep to Part I or COUNTY	PART II of item 18
	TOF	T MEDICAL CERTIFICAT	injury occurs  20c. TIME OF INJURY OCCURS  20d. INJURY OCCURS WHILE AT WORK NOT WHILE AT	ons, if any, pave rise to cause (a), the under-cause last. DUE 1. OTHER SIGNIFICAN disease condition gives a condition g	TO (c)  TO (c)  TO CONDITIONS COME IN PART I (a)  TO CIDE HOMICIDE  ACE OF INJURY (e)	g., in or about home, office bldg., etc.)	W INJURY OCCURRED  20f. CITY, TOWN, Of  13-42 an e date stated above,  22b. ADDRESS	the terminal  Continue of income of	PART III. If dee there a Part III. If dee there a Part I or Deep to Part I or COUNTY	PART II of item 18
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	VIT OF	H. U'NOLL MEDICAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO  20c. TIME OF HOU A.M. P.M. 20d. INJURY OCCURR WHILE AT WORI NOT WHILE AT  21. I attended the de Death occurred to Death o	ons, if any, pave rise to cause (a), the under-cause last. DUE 1  1. OTHER SIGNIFICAN disease candition gives a canditio	TO (c)  TO (c)  TO (c)  TO (c)  TO CONDITIONS CONDITIONS CONDITIONS  TO (c)  T	g., in or about home, office bldg., etc.)  to m on the	20f. CITY, TOWN, OF date stated above, 22b. ADDRESS  MATORY	the terminal  C. (Enter nature of least saw him alivered to the best of the least o	PART III. If decithere a PART III. If decithere a PART III. III. III. III. III. III. III. II	PART II of item 18  Y  S  2 - 2  Om the causes stated  22c. DATE  2-1/1
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Richard C. Carroll.
StudentSignature of Student Embalmer	Signed Tickard C. Carract.
Signost of Dissert	Licensed Embalmer No. 4829
•	P. O. Address_ K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.